



November 15, 2016

Centers for Medicaid and Medicare
7500 Security Boulevard
Baltimore, MD 21244

Re: Comments on State of Illinois Medicaid 1115 Draft Waiver Application Submitted Online

To Whom It May Concern:

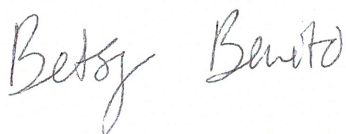
Please accept our comments to the draft 1115 Waiver released for public comment on October 20, 2016, through which the State of Illinois seeks to become a national leader in behavioral health service delivery system. CSH is the national supportive housing industry leader, whose mission is to advance solutions that use housing as a platform for services to improve the lives of the most vulnerable people, maximize public resources and build health communities. We applaud and affirm the State's plan to transform the health and human service system with "a strong new focus on prevention and public health; pays for value and outcomes rather than volume and services; makes evidence-based and data driven decisions; and moves individuals from institutions to community care to keep them more closely connected with their families and communities." CSH submits the comments below for consideration:

- CSH strongly supports Illinois' waiver submission including a request for implementation of a Medicaid benefit for supportive housing tenancy supports for individuals with behavioral health challenges including substance use disorders or severe mental illness. This coverage is an important step forward in improving stability and lower overall costs for the most complex and vulnerable members of our community and will assist the state in expanding their capacity in Supportive Housing. CSH estimates that IL will need 3,212 units for Supportive Housing to address the needs of this specific population, including 2,392 for Persons suffering from Serious Mental Illness and 820 for persons suffering from Substance Use Disorders.¹ Additionally, 78% of current tenants in supportive housing have a serious mental illness and 89% have a substance use disorder according to local data, and where these services are not being provided through Medicaid. States see a cost savings and an improvement in health outcomes by exercising a more strategic use of Medicaid dollars to address the needs of people with complex conditions. The Massachusetts Office of Medicaid reported decreased costs of over \$17,500 per member from a state program offering comprehensive case management in housing.² CSH applauds and supports Illinois's commitment to improving outcomes and cost savings.

- In order to meet the state's goals of fiscal responsibility as well as paying for value and outcomes, CSH recommends reimbursement structured as a per diem rate instead of a fee for service structure, creating a streamlined process across all MCOs or the state FFS system for tenancy support service reimbursement. A per diem rate will move the state closer to its goal of a system grounded in Value Based Purchasing (VBP).
- CSH commends the state for their forward thinking regarding cost efficiencies and assisting citizens with self-sufficiency upon returning to their communities from incarceration. We support the increased transition services for those leaving IDOC and Cook County Jail, and support system flexibility so that other counties in addition to Cook may add the transition supports and Medicaid enrollment should that county choose to implement and assume all cost liability

CSH applauds and fully supports the State of Illinois goals and plans to transform the behavioral health system. Thank you for reviewing our comments and recommendations. We welcome opportunities to provide any additional feedback as needed.

Sincerely,



Betsy Benito
Director
CSH
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1. <http://www.csh.org/data>
2. Massachusetts Housing and Shelter Alliance. Home & Healthy for Good: Progress Report. March 2012.